STATE MEDICAID DUR BOARD MEETING

THURSDAY, May 11, 2006
7:00 a.m. to 8:30 a.m.
Cannon Health Building
Room 125

MINUTES

Board Members Present:

Lowry Bushnell, M.D.
Derek G. Christensen, R.Ph.
Bradford D. Hare, M.D.
Colin B. VanOrman, M.D.
Dominic DeRose, R.Ph.
Jeff Jones, R.Ph.
Wilhlem T. Lehmann, M.D.
Karen Gunning, Pharm D.
Don Hawley, D.D.S.
Charles Arena, M.D.

Board Members Excused:
Joseph K. Miner, M.D.
Bradley Pace, PA-C

Dept. of Health/Div. of Health Care Financing Staff Present:
Rae Dell Ashley, R.Ph.
Tim Morley, R.Ph.
Richard Sorenson, R.N.
Suzanne Allgaier, R.N.
Merelynn Berrett, R.N.
Nanette Waters

Other Individuals Present:
Craig Boody, Lilly
Oscar Fuller, CMS
Rich Heddens, Medimmune
Jeff Buel, J & J
Barbara Boner, Novartis
Alan Bailey, Pfizer
Owen Boyer, Pfizer
Mary Sutherland, Ortho
Pam Callahan
Breanna Buddeg, Select Health
David Case, Astellas
Ann Singhania, Astellas
Paul Pereia, TAP
Gary Oderda, U of U
Jane Chandromouli, U of U
Kevin Stigge, M.D.
Lindsay Kerr, M.D.
Rich Belnap, Astellas
Joe Busby, Lilly
Tim Smith, Pfizer
Candi Arce, Larreta
Joey Haws, Pfizer
Dick Knoespel, Abbott
Matt Johnson, Takeda
Chad Parks, Astellas
Tom Hart, Schering Plough
Mary Haupt
Mark Balk, Pfizer

Meeting conducted by: Lowry Bushnell

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1. Minutes for April 13, 2006 were reviewed. Dr. Arena objected to the action taken at the last meeting with regard to Protopic and Elidel. Dr. Bushnell suggested that re-consideration discussion would have to be held for an agenda assignment. Minutes were approved.

2. Housekeeping: Note for Minutes- Recording equipment was not present for the beginning

of the meeting. After arriving, recording equipment failed to record the proceedings of the meeting. Minutes as follows are reconstructed.

3. Over Active Bladder Drugs- PA Criteria review
Discussion from the March, 2006 DUR meeting was continued. The University of Utah College of Pharmacy prepared an updated criteria set to include the new long acting agents. The review was presented to the Board by Jane Chandramouli, PharmD from the University. Comparative efficacies, side effect profiles and costs were presented. Question and answer followed. Tim presented data regarding the change in client usage demographics that has occurred since the start of Medicare Part-D. Usage for this class has gone down 75% with the departure of dual eligible clients, most of whom are 65 years and older. That age group now comprises 3% (21) of OAB clients, down from 36.5%(612). Since the danger from serious side effects resided with that age group, the board voted to retain the prior authorization criteria requiring failure on generic Oxybutinin before authorizing newer and long acting agents.

4. Naglazyme- pulled
This agent will only be used in the clinic setting where it will be used under a physicians direct supervision. Therefore, it will not be taken up for Board consideration.

5. Dose consolidation, and
6. Tablet splitting-
Both items were considered together, as they really try the same topic. Tablet splitting is not an approach for all medications, and of course, dose consolidation would enjoy better acceptance/implementation. Effective candidates are few. Splitting scored tablets did not seem problematical. A current article on the topic identifies 11 potential candidates for splitting. Tim presented usage data for those 11 products referred to in the article. The state spent in the neighborhood of $15M last year. Discussion regarding the practicality, economics, and feasability of tablet splitting ensued. The questions were asked: Who will split the tablets? Will pharmacists be reimbursed for the time and effort involved with institutionalized patients? The Board suggested checking with the Board of Pharmacy to see if there are any issues that may need to be addressed from a legal standpoint. It was also suggested to check with the pharmaceutical associations (USHP and UPHA) for policy positions. The Mental Health centers might also have input that ought to be considered. Topic will have to be re-visited with this additional information.

7. Increlex- Moved to June

8. HB105- new brand vs generic law
The board requested a brief hearing of this issue. Tim explained that HB105 is the new law passed this year that allows the Medicaid Pharmacists to override the mandatory generic provision of current law if a benefit accrues to the state program by covering a brand name product after final costs are examined. Some data regarding Duragesic was presented showing that with rebates factored, the brand could demonstrate savings over the generic for the 25, 50, and 100mcg patches, but not for the 75mcg patches. It was noted that the

instability of and lag-time associated with the rebate must be considered and will affect the outcome of these determinations. Due to the sheer number of products available, Medicaid will rely on reports by manufacturers as to whether or not a determination will be made. No action resulted from this item.

Next meeting set for June 8, 2006
Meeting adjourned.
Prior approval Sub-committee convened

The DUR Board Prior approval sub-committee convened and considered 3 petitions. Drug Histories were for 12 months unless otherwise noted.

Petition #1
Gary Kunkel, MD with the University of Utah Rheumatology department, is requesting Enbrel for a 32 year old female with rheumatoid arthritis diagnosed about three years ago. Patient began with sulfasalazine without response and was transitioned to methotrexate. She is now on MTX 20mg / week with excellent response. Patient desires to become pregnant and discontinued MTX about a month ago. Patient is type 1 diabetic currently on an insulin pump, and is hypothyroid. **The Board approved this petition.**

Petition #2
This petition comes from Dr. Samuel Hammond, MD of Orem Utah, Requesting XANAX XR for a 31 year old male patient with severe diabetic peripheral neuropathy. Patient is on xanax IR trying to taper from 2 x 2mg @ hs to 1 at bedtime, is stopping lunesta and xanaflex. Dr Jackson, a PharmD consultant is recommending adding 2mg XANAX XR one and then two at bedtime. These are being prescribed for sleep. **The Board denied this petition.**

Petition #3
Duane Bevans, MD from Wasatch Mental Health is requesting brand name Ativan 2mg #180 for a 54 year old female patient being treated for Major Depressive Disorder Recurrent severe without Psychotic features and Generalize Anxiety Disorder Not Otherwise Specified and Post Traumatic Stress Disorder Chronic. The cline is new to Dr Bevans since being discharged from UVRMC last fall. He has seen her four times. She was prescribed six tablets daily and claims that the pain and anxiety are more than she can bear when on only 4 tabs. Dr Bevans writes:

"[She] has scleroderma which has caused the peristalsis muscle that makes the bile go down the intestines not work and consequently the bile is refluxing into her stomach. This has caused open sores, inflammation and bleeding resulting in stomach pain and cramping. She claims the Ativan is the only thing that eases the pain and cramping, thus she is not taking the Ativan just for anxiety, but also for pain. She needs up to six pills a day to manage the pain she is experiencing. She does not have the means to pay for the medication. Therefore, I would appreciate your consideration in approving this higher amount of Ativan for [her]. Also, since this patient received radiation therapy for cancer, she claims generic brand medications are not effective for her. She used to be able to take generic medications until she got cancer and had a massive dose of I-131 Radioactive Iodine. The radiation destroyed more than just the cancer in her body. Since the radiation, her body dose not function the way it should on many levels. It has resulted in her having a compromised immune system. She has tried the generic brand of Ativan and it is like she is taking a placebo. This has happened with all her medications when she has tried the generic forms since the radiation treatment. For this reason, it is medically necessary for [her] to have brand name Ativan as well." **The Board denied this petition.**